

**APPLICATION DATA SHEET****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF):  
Number of copies of CRF:  
Title:: Oral Dosage Form Containing A PDE 4 Inhibitor as  
an Active Ingredient and Polyvinylpyrrolidon as  
Excipient  
Attorney Docket Number:: 26230  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggest Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?: No  
Latin name::  
Variety denomination name::  
Petition included?: No  
Petition Type::  
Licensed U.S. Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Rango  
Middle Name::  
Family Name:: DIETRICH  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Im Tiergarten 16  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78465

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Klaus  
Middle Name::  
Family Name:: EISTETTER  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Säntisblick 7  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE

Postal or Zip Code of mailing address:: 78465

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Hartmut  
Middle Name::  
Family Name:: NEY  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Peter-Thumb-Str. 46  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78464

### **Correspondence Information**

Correspondence Customer Number:: 034375  
Name:: Gary M. Nath  
Street of mailing address:: 1030 Fifteenth Street, N.W.  
Sixth Floor  
City of mailing address:: Washington  
State or Province of mailing address:: DC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20005  
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E-Mail address::

ip@nathlaw.com

### Representative Information

|   |        |
|---|--------|
| <b>Representative Customer Number::</b> | 034375 |
|---|--------|

### Domestic Priority Information

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|--------------------------|-----------------------------|-----------------------------|
|                      |                          |                             |                             |
|                      |                          |                             |                             |

### Foreign Priority Information

| <b>Country::</b> | <b>Application number::</b> | <b>Filing Date::</b>             | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------------------|---------------------------|
| Europe           | 02003811.3                  | 20 February 2002<br>(20.02.2002) | Yes                       |
| Germany          | 10207160.8                  | 20 February 2002<br>(20.02.2002) | Yes                       |

### Assignee Information

Assignee name:: Altana Pharma AG  
Street of mailing address:: Byk-Gulden-Str. 2  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78467